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** CONTINUING DATA ***** *none MAS*

** FOREIGN APPLICATIONS ***** *none MAS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/31/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 89	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>M. H. J. oblyg MAS</i> Examiner's Signature / Initials				

ADDRESS

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TITLE

Method and apparatus for managing state information in a network data processing system

FILING FEE RECEIVED 3392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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